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Rev. 10/95 TRADE U.S. Department of Patent and Trademark Office: U.S. Department of Commerce Application Number U.S. Department of Commerce 10/502,241 Patent and Trademark Office 01/28/05 Filing Date Pierre Rochat First Named Inventor 3732 **Group Art Unit** TRANSMITTAL FORM (to be used for all correspondence after initial filing) Meoghan E. MacPherson **Examiner Name** 5234-00003 **Attorney Docket Number** Total Number of pages in this Submission

ENCLOSURES (check all that apply)										
⊠ Fee Transmittal Form ⊠ Fee Attached	☐ Assignment Papers (for an Application)	☐ After Allowance Communication To Group								
<ul> <li>☑ Amendment         □ After final</li> <li>☑ Extension of Time Request</li> <li>□ Express Abandonment         Request</li> <li>□ Information Disclosure         Statement/PTO-1449</li> <li>□ Certified Copy of Priority         Document(s)</li> <li>□ Response to Missing Parts/         Incomplete Application         □ Response to Missing         Parts Under 37 1.52 or 1.53</li> </ul>	□ Drawing(s) □ Licensing-related Papers □ Petition Checklist and Accompanying Petition □ To Convert a Provisional Application □ Power of Attorney, Revocation, Change of Correspondence Address □ Terminal Disclaimer	□ Appeal Communication to Board Of Appeals and Interferences □ Appeal Communication to Group ( Appeal Notice, Brief, Reply Brief) □ Proprietary Information □ Status Letter ☑ Additional Enclosure(s) (Please identify below)  Return receipt postcard								
SIGNATU	RE OF APPLICANT, ATTORNEY, O	RAGENT								
Firm Joseph J. Jochman, Reg. No. 25,058 Or ANDRUS, SCEALES, STARKE & SAWALL, LLP Individual Name 100 East Wisconsin Avenue, Suite 1100, Milwaukee, WI 53202  Signature										
/June 14, 2006 Date										
CERTIFICATE OF MAILING  I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:  June 14, 2006										
Typed or printed name Barbara A. Johnson										
Signature Carbara a Chrison Date 06/14/2006										

PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032

And The Serwork Red	uction Act of 1995	no persons are requir	red to res			rk Office; U.S. DEPAR n unless if displays a v			
Effective on 12/08/2004.			Complete if Known						
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2005		_	Application Nun	nber 10	0/502,241				
		┖	Filing Date	1/:	28/05	)5			
			First Named Inv	rentor Pi	erre Rochat				
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name	•M	eoghan E. Ma	acPhe	rson	
			[	Art Unit	37	'32			
TOTAL AMOUNT OF PAYMENT (\$) \$120.00				Attorney Docket	No. 52	234-00003			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 01.2000 Deposit Account Name: Andrus, Sceales, Starke & Sawall, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
under 37 C WARNING: Information on	FR 1.16 and 1.		card info			•	e credit c	ard	
information and authorizati									
FEE CALCULATION	_								
1. BASIC FILING, SE									
	FILING I	FEES Small Entity	SEAR	CH FEES Small Entity		NTION FEES Small Entity			
Application Type	Fee (\$)		Fee (\$)		Fee (\$)	Fee (\$)	Fees Pa	<u>aid (\$)</u>	
Utility	300	150	500	250	200	100	<u>-</u>		
Design	200	100	100	50	130	65 -			
Plant	200	100	300	150	160	80 -			
Reissue	300	150	500	250	600	300 -	<del></del>		
Provisional	200	100	0	0	0	0 -			
2. EXCESS CLAIM FI	EES						Foc (\$)	Small Entity	
Fee Description Fach claim over 20 or	for Reissues	each claim over	20 and	more than in th	ne original i	natent	Fee (\$)	<u>Fee (\$)</u> 25	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100									
Multiple dependent cla		•	•			•	360	180	
Total Claims	Extra Claims	<u>s</u> Fee (\$)	Fee P	raid (\$)		ependent Claims			
5 - 20 =  HP = highest number of tot	al claims paid for	if greater than 20		\$0.00	<u>Fee (\$)</u>	Fee Paid	<u>(\$)</u>		
Indep. Claims	Extra Claims	-	Fee P	aid (\$)					
1 - 3 =	lenendent claims	_ x =	3	\$0.00					
HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)									
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets									
100 = / 50 = (round <b>up</b> to a whole number) x = \$0.00									
4. OTHER FEE(S)  Non-English Specification \$120 for (no small entity discount)									
Non-English Specification, \$130 fee (no small entity discount) Other: One Month Extension Fee						\$120.00			
SUBMITTED BY  Registration No. OF OFO Telephone 444 074 7500									
ignature Forum Registration No. (Attorney/Agent) 25,058 Telephone						14-271			
ame (Print/Type) Date 06/1					4/2006				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.